

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: LITTON INTERCONNECT TECHNOLOGY  
4811 W. KEARNEY  
SPRINGFIELD, MO 65803  
 EPA ID NO: M101D 10107 11512 91013



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM  
IC**

**IDENTIFICATION AND  
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>M101D 10107 11512 91013</u>		B. County Same as label <input type="checkbox"/> or → <u>GREENE</u>	
C. Site/company name <u>LITTON INTERCONNECT TECHNOLOGY</u> Same as label <input type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1997? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>4811 W. KEARNEY</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>SPRINGFIELD</u>		G. State Same as label <input type="checkbox"/> or → <u>MO</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>65803-1111</u>

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)	
B. Number and street name of mailing address	
C. City, town, village	D. State <u>MO</u>
E. Zip Code <u>65803-1111</u>	

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>SCHAFFER</u>	First name <u>NEIL</u>	M.I. <u>B</u>	B. Title <u>ENVIRONMENTAL &amp; SAFETY MANAGER</u>	C. Telephone Number <u>417 812 9153</u> Extension <u>5011</u>
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**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name <u>SCHAFFER</u>	First name <u>NEIL</u>	M.I. <u>B</u>	B. Title <u>ENVIRONMENTAL &amp; SAFETY MANAGER</u>
C. Signature <u>[Signature]</u>			D. Date of signature <u>2 11 99</u> Month Day Year

FEB 28 2000

HAZARDOUS WASTE REPORT Over →  
NATURAL RESOURCES

BARIS data entered  
BY ABritt, TRI-cop  
ON 10/25/00  
QCD EB 11/2/00

R00176180  
RCRA RECORDS CENTER

EPA ID NO. M01D 10107 1152 9103

<b>Sec. V</b> Generator status. Instructions begin on page 8.	
<b>A. 1999 RCRA generator status</b> (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B)	<b>B. Reason for not generating</b> (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)

<b>Sec. VI</b> On-site waste management status. Instructions page 10.	
<b>A. Storage subject to RCRA permitting requirements</b> <u>1</u>	<b>B. Treatment, disposal, or recycling subject to RCRA permitting requirements</b> <u>1</u>

Comments:

**FORM  
GM**

HAZARDOUS WASTE PROGRAM Page 1 of 1  
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

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4811 W. KEARNEY  
SPRINGFIELD, MO 65803

EPA ID NO: 1101010171152191031



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM  
GM**

**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>		<b>A. Waste description (page 12)</b>			
		SLUDGE FROM WASTE TREATMENT OF PLATING SOLUTIONS.			
<b>B. EPA hazardous waste code (page 12)</b>		<u>F10106</u> <u>D10108</u>		<b>C. State hazardous waste code (page 13)</b>	
<b>D. SIC code (page 13)</b>	<b>E. Origin code (page 13)</b>	<b>F. Source code (page 14)</b>	<b>G. Point of measurement (p. 14)</b>	<b>H. Form code (page 14)</b>	<b>I. RCRA-radioactive mixed (page 14)</b>
<u>3672</u>	<u>3</u> System Type <u>M</u>	<u>A75</u>	<u>1</u>	<u>B306</u>	<u>2</u>
<b>Sec. II</b>		<b>A. Quantity generated in 1999 (page 15)</b>		<b>B. UOM (page 15)</b>	
		<u>533110</u>		<u>1</u> Density <u>8.2</u> <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg	
		<b>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)</b>			
		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
<b>ON-SITE PROCESS SYSTEM</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16)	
<u>M</u>				<u>M</u>	
<b>Sec. III</b>		<b>A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)</b>			
		<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
<b>Site 1</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1999 (page 17)</b>	
	<u>A2D</u> <u>060</u> <u>624</u> <u>2511</u>	<u>M1013</u>	<u>1</u>	<u>60200</u>	
<b>Site 2</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1999 (page 17)</b>	
	<u>A2D</u> <u>980</u> <u>735</u> <u>500</u>	<u>M1013</u>	<u>2</u>	<u>472910</u>	
<b>Site 3</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1999 (page 17)</b>	
		<u>M</u>			
<b>Comments:</b>					

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4811 W. KEARNEY  
SPRINGFIELD, MO 65803EPA ID NO: 110101071152903U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) <u>SOLDER CONTAMINATED FILTERS, GLOVES, ETC.</u>			
B. EPA hazardous waste code (page 12) <u>D101018</u>		C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>B672</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A32</u>	G. Point of measurement (p. 14) <u>2</u>	H. Form code (page 14) <u>B319</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II		A. Quantity generated in 1999 (page 15) <u>3850</u>			
B. UOM (page 15) Density <u>42</u> <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____		Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	
Sec. III					
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>TX1010551141378</u>	C. System type shipped to (p. 17) <u>M1011</u>	D. Off-site availability code (page 17) <u>2</u>	E. Total quantity shipped in 1999 (page 17) <u>3850</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) _____	
Comments: <u>DEBRIS FROM FILTERING SOLDER PLATING BATH</u>					